

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-049513**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11985**

**FILED JAN 16 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Homer G. Phillips Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>5632 Chamberlain Ave.</b> Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Earlee</b> Middle <b>Dockett</b> Last		4. DATE OF DEATH Month <b>12</b> Day <b>12</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-7-1923</b>
9. AGE (last birthday) <b>39 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Leroy Dockett</b>		13b. MOTHER'S MAIDEN NAME <b>Elnora Tyree</b>	
14. NAME OF HUSBAND OR WIFE <b>Earnease Dockett</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 2</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Earnease Dockett</b> Address <b>5632 Chamberlain Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Systemic Asphyxiation (Carbon Monoxide poisoning)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Deceased was working in car in garage at 5632 Chamberlain on or about Dec. 12, 1962.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8910-15</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>8910-15</b>	
20c. TIME OF INJURY? Hour <b>12</b> a.m. <b>12</b> p.m. Month, Day, Year <b>12-12-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Helen L. Taylor, Coroner</b>		22b. ADDRESS <b>1300 Clark Ave.</b>	
22c. DATE SIGNED <b>12-14-62</b>		23. LOCATION (City, town, or county) (State) <b>Jefferson Bks., Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-17-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24. FUNERAL DIRECTOR <b>Ellis Funeral Home-2820 Stoddard St.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 14 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>			

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William E. Calkin*

Licensed Embalmer No.

*4198*

P. O. Address

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.